



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 160927		2. Name of Corporation OAKMONT CLINICAL Services, Inc			
3. Street Address Principal Business Office 209 Cottage Street		City Pawt	State R.I	Zip 02860	
4. Business Phone No. 401. 475.2121		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Residential Service Provider State of Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel A. Brito		Vice President Name Jane Brito			
Street Address 209 Cottage Street		Street Address 209 Cottage St			
City Pawt.	State R.I	Zip 02860	City Pawt.	State R.I	Zip 02860
Secretary Name John Brito		Treasurer Name			
Street Address 209 Cottage Street		Street Address			
City Pawt.	State R.I	Zip 02860	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares	Class/Series	Par Value	
		100	A	\$	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date	FEB 28 2011
Check No.	1793
By:	BY
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Daniel Brito
Date: 2/24/11
Print or Type Name: Daniel Brito
Title: President